

INSTRUCTIONS - Complete all items in this application for a new license or the renewal of an existing license. Use supplemental sheets where necessary. Item 13 must be completed on all applications. Mail the completed application to: Radiation Control Program, 90 Washington Street, 2nd Floor, Boston, MA 02121. Upon approval of this application, the applicant will receive a Commonwealth of Massachusetts Radioactive Material License.

MRCP 120.100-4
JULY 2003, REV. 3

SUPPLEMENT A
APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
DEPARTMENT OF PUBLIC HEALTH, RADIATION CONTROL PROGRAM

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER				
1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER:			2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE:	
3. CERTIFICATION				
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C		
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES				
FIELD OF TRAINING A	LOCATION AND DATES OF TRAINING B	TYPE AND LENGTH OF TRAINING		
		LECTURE / LABORATORY COURSES (HRS) C	SUPERVISED LABORATORY EXPERIENCE (HRS) D	
a. RADIATION PHYSICS AND INSTRUMENTATION				
b. RADIATION PROTECTION				
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY				
d. RADIATION BIOLOGY				
e. RADIOPHARMACEUTICAL CHEMISTRY				
5. EXPERIENCE WITH RADIATION (Actual use of Radioisotopes)				
ISOTOPE	mCi USED AT ONE TIME	LOCATION	CLOCK HOURS	TYPE OF USE

SUPPLEMENT B
APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
DEPARTMENT OF PUBLIC HEALTH, RADIATION CONTROL PROGRAM

PRECEPTOR STATEMENT			
Statement must be completed by the applicant's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.			
1. PROPOSED PHYSICIAN USER' NAME & ADDRESS: S))))))Q FULL NAME S))))))Q STREET ADDRESS S))))))0))))0))))Q CITY R STATE R ZIP		KEY TO COLUMN C; PERSONAL PARTICIPATION SHOULD CONSIST OF: 1. Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dose. 2. Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data. 3. Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE A	DIAGNOSTIC PROCEDURES B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted on separate sheets.) D
!!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!! !!!!!!!!!!!!	THYROID SCAN		
	THYROID UPTAKE		
	LUNG PERFUSION SCAN		
	XENON VENTILATION STUDY		
	AEROSOL VENTILATION SCAN		
	RENAL FLOW SCAN		
	BRAIN SCAN		
	LIVER/SPLEEN SCAN		
	BONE SCAN		
	GASTROESOPHAGEAL STUDY		
	LaVeen SHUNT STUDY		
	CYSTOGRAM		
	DACRYOCYSTOGRAM		
	CARDIAC PERFUSION STUDY		
	CARDIAC STRESS VENTRICULOGRAM		
	GALLIUM SCAN		

ISOTOPE	MEDICAL PROCEDURES	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted on separate sheets.)
	UPTAKE, DILUTION AND EXCRETION		
Cobalt-57	As Labeled Cyanocobalamin.		
Iodine-123	As Sodium Iodide or Sodium Iodohippurate		
Any radioactive material in a radiopharmaceutical and for a diagnostic use involving measurements of uptake, dilution, or excretion for which the FDA has accepted a "Notice of Claimed Investigational Exemption for a New Drug" (IND) or approved a "New Drug Application" (NDA)			
	IMAGING AND LOCALIZATION		
Fluorine-18	In solution		
Gallium-67	As citrate		
Krypton-81m	As a gas from a Rubidium-81 generator		
Indium-111	As DTPA or oxyquinoline		
Iodine-123	As sodium iodide, sodium iodohippurate, or iofetamine HCL.		
Thallium-201	As chloride.		
Xenon-127	As a gas.		
Any radioactive material in a diagnostic radiopharmaceutical or a generator or reagent kit for preparation and diagnostic use of a radiopharmaceutical containing radioactive material for which the FDA has accepted a "Notice of Claimed Investigational Exemption for a New Drug" (IND) or approved a "New Drug Application" (NDA).			
3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING:			
LOCATION	DATES	CLOCK HOURS OF EXPERIENCE	
4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:			
a. NAME OF SUPERVISOR:			
b. NAME OF INSTITUTION:			
c. MAILING ADDRESS:			
d. CITY, STATE, ZIP:			
5. MATERIALS LICENSE NUMBER(S):			

6. PRECEPTOR'S SIGNATURE
7. PRECEPTOR'S NAME (PRINT OR TYPE)
8. DATE